

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90075 013 \*\*\*150.00

**DOCUMENT # F98000004511**

1. Entity Name  
**WESTERN HEALTHCARE FUNDING, INC.**

Principal Place of Business Mailing Address  
**300 ESPLANADE DRIVE, SUITE 1865** **300 ESPLANADE DRIVE, SUITE 1865**  
**OXNARD CA 93030** **OXNARD CA 93030**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **71-0720518**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **CEOD**  
 STREET ADDRESS **DIMITRIADIS, ANDRE C**  
 CITY-ST-ZIP **300 ESPLANADE DRIVE, SUITE 1860**  
**OXNARD CA 93030**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PIECZYNSKI, JAMES J**  
 CITY-ST-ZIP **300 ESPLANADE DRIVE, SUITE 1860**  
**OXNARD CA 93030**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DVCO**  
 STREET ADDRESS **ISHIKAWA, CHRISTOPHER T**  
 CITY-ST-ZIP **300 ESPLANADE DRIVE, SUITE 1860**  
**OXNARD CA 93030**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **CFO**  
 STREET ADDRESS **SIMPSON, WENDY**  
 CITY-ST-ZIP **300 ESPLANADE DRIVE, SUITE 1860**  
**OXNARD CA 93030**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PACE, NICHOLAS M**  
 CITY-ST-ZIP **31577 PACIFIC COAST HIGHWAY NO. F**  
**MALIBU CA 90265**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VGCS**  
 STREET ADDRESS **KOPTA, JULIA**  
 CITY-ST-ZIP **300 ESPLANADE DRIVE, SUITE 1860**  
**OXNARD CA 93030**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julia Kopta*

**JULIA KOPTA**  
**General Counsel and Corporate Secretary**

04/24/01

805-981-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

832 183  
F98000004511

**WESTERN HEALTHCARE FUNDING, INC.**  
a Nevada corporation

**Directors and Officers**

Name	Title	Address
Andre C. Dimitriadis	Director	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Christopher T. Ishikawa	Director	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Wendy L. Simpson	Director	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Andre C. Dimitriadis	Chairman, President and Chief Executive Officer	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Wendy Simpson	Chief Financial Officer	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Christopher T. Ishikawa	Executive Vice President and Chief Investment Officer	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Julia Kopta	Executive Vice President, General Counsel and Secretary	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Alex Chavez	Senior Vice President and Treasurer	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Steven M. Korbin	Vice President and Assistant Secretary	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030